

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**APPLICATION FOR 7-MONTH EXTENSION OF TIME TO FILE
 INTEREST AND DIVIDENDS TAX RETURN**

FOR DRA USE ONLY

THIS IS NOT AN EXTENSION OF TIME TO PAY

IMPORTANT	<p>If you have paid 100% of the tax determined to be due by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire Interest and Dividends Tax return WITHOUT filing this form or a copy of your federal extension.</p> <p>If you meet this requirement, you may file your New Hampshire Interest & Dividends Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. Please note that an extension of time to file your return is not an extension of time to pay the tax.</p>
WHEN TO USE THIS FORM	If you need to make an additional payment in order to have paid 100% of the tax determined to be due by the due date of the tax, then you must complete this form and submit with payment to be granted an extension of time to file your New Hampshire Interest and Dividends Tax return.
WHEN TO FILE	This form must be postmarked on or before the original due date of the return.
REASONS FOR DENIAL	Applications for extensions will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature (in ink), the application was postmarked after the due date for filing the return, or if the payment for the balance due shown on Line 3 below did not accompany this application.
WHERE TO FILE	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION, Document Processing, 45 Chenell Drive, PO Box 2072, Concord, NH 03302-2072.
NEED HELP	Call the Taxpayer Assistance Office, at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Application for 7-Month Extension of Time to File Interest and Dividends Tax Return

PLEASE PRINT OR TYPE	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER AND STREET ADDRESS		
	ADDRESS (continued)		
	CITY/TOWN, STATE, & ZIP CODE		

For CALENDAR year **2001** or other taxable period beginning _____ ending _____
 Mo Day Year Mo Day Year

ENTITY TYPE — Check one: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary

TAX PAYMENT SCHEDULE

1 Enter 100% of the tax determined to be due.....1		
2 LESS: Credits and payments of estimated tax.....2		
3 BALANCE DUE: Make check payable to: State of New Hampshire3		

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Enclose, but do not staple or tape, your payment to this extension. (If negative or zero you are not required to file this extension application.)

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature (in ink)

Date

NH DEPT OF REVENUE ADMINISTRATION
 MAIL DOCUMENT PROCESSING DIVISION
 TO: PO BOX 2072
 CONCORD NH 03302-2072